TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 6A - PUBLIC HEALTH SERVICE
SUBCHAPTER XXV - REQUIREMENTS RELATING TO HEALTH INSURANCE
COVERAGE
Part A - Individual and Group Market Reforms
subpart 1 - general reform

§ 300gg–6. Comprehensive health insurance coverage
(a) Coverage for essential health benefits package
A health insurance issuer that offers health insurance coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 18022 (a) of this title.

(b) Cost-sharing under group health plans
A group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under paragraphs (1) and (2) of section 18022 (c) of this title.

(c) Child-only plans
If a health insurance issuer offers health insurance coverage in any level of coverage specified under section 18022 (d) of this title, the issuer shall also offer such coverage in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21.

(d) Dental only
This section shall not apply to a plan described in section 18031 (d)(2)(B)(ii) of this title.

Footnotes
1 See References in Text note below.


Enactment of Section
For delayed effective date of section, see Effective Date note below.

References in Text
Section 18022 (c) of this title, referred to in subsec. (b), was in the original “section 1302 (c)”, and was translated as meaning section 1302(c) of Pub. L. 111–148, pars. (1) and (2) of which relate to annual limitations on cost-sharing and deductibles, to reflect the probable intent of Congress.

Section 18031 (d)(2)(B)(ii) of this title, referred to in subsec. (d), was in the original “section 1302 (d)(2)(B)(ii)(I)”, and was translated as meaning section 1311(d)(2)(B)(ii) of Pub. L. 111–148, which relates to offering of stand-alone dental benefits, to reflect the probable intent of Congress.

Prior Provisions
A prior section 300gg–6, act July 1, 1944, ch. 373, title XXVII, § 2706, as added Pub. L. 105–277, div. A, § 101(f) [title IX, § 903(a)], Oct. 21, 1998, 112 Stat. 2681–337, 2681–438, which related to required coverage for reconstructive surgery following mastectomies, was renumbered section 2727 of act July 1, 1944, and transferred to section 300gg–27 of this title.

A prior section 2707 of act July 1, 1944, was renumbered section 2728 and is classified to section 300gg–28 of this title.

Another prior section 2707 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 238f of this title.
Effective Date

Section effective for plan years beginning on or after Jan. 1, 2014, see section 1255 of Pub. L. 111–148, set out as a note under section 300gg of this title.